

MAR 25 2002

PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to:

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7590 12/18/2001
 AUDLEY A. CIAMPORCERO, JR.
 ONE JOHNSON & JOHNSON PLAZA
 NEW BRUNSWICK, NJ 08933-7003

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Carmen A. Cafro		(Depositor's name)
<i>Carmen A. Cafro</i>		(Signature)
3/18/02		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/092,374	06/05/1998	WILLIAM P. SWEEZER JR.	HRT-194	6017

TITLE OF INVENTION: CATHETER SYSTEM AND METHOD FOR VENTING THE LEFT VENTRICLE

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
4	nonprovisional	YES	\$640	\$0	\$640	03/18/2002
EXAMINER		ART UNIT	CLASS-SUBCLASS			
MAYNARD, JENNIFER J		3763	604-006140			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. _____
 2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies _____ The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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(Authorized Signature)

Reg. No. (Date)
41,349 3/18/02

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